

PLACE OF BIRTH

1. County of Pima

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 144

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 117or Miami Ariz

Local Registrar No. _____

City of _____

No. 1216 1/2 Sullivan St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusebio Martinez } If child is not yet named, make supplemental report, as directed.3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Mar. 16 1928

5. No., in order of birth _____ Month _____ day _____ year _____

8. FATHER 14. MOTHER

Full name Guillermo Martinez Full maiden name Arleta Gonzalez9. Residence 1216 1/2 Sullivan St 15. Residence 1216 1/2 Sullivan St
(Usual place of abode) (Usual place of abode)

If nonresident, give place and state If nonresident, give place and state

10. Color or race _____ 16. Color or race _____

Mexican 11. Age at last birthday 37 (Years) Mexican 17. Age at last birthday 29 (Years)12. Birthplace (city or place) Rosario Sinaloa 18. Birthplace (city or place) St. Rosalia
(State or country) Mexico (State or country) Lower California Mex.13. Occupation Miner 19. Occupation Housewife
Nature of industry Nature of industry20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 5 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:15 P.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Rosa Cortez (Physician or midwife)Address 806 Sullivan St. E. S. J. J.Given name added from _____ Filed Mar 25 19 28 Local Registrar.

supplemental report _____ Month, day, year. _____

Registrar. _____ Filed _____ 19 _____ County Registrar.

519-316-172